

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/528 603

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3						
4				1		
5			e			
6						
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30						
31						
32			e			
33				1		
34						
35			e			
36						
37						
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39						
40						
41						
42						
43			e			
44				1		
45						
46				1		
47						
48			e			
49						
50			e			
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1			
52				1		
53						
54			e			
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99						
100						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		11	←	←	
TOTAL CLAIMS			13			